DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	enter the transfer of the second of the seco	FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 - 2 - 0 - 1	Kentucky
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SECURITY ACT (MEDICAID)		LE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 4, 2002	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	ENDMENT (Separate Transmittal for each an	nendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 147.250-280		5,000 5,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2003 \$770 9. PAGE NUMBER OF THE SUPERS	
Attachment 14.9D Exhibit B Page 23	OR ATTACHMENT (If Applicable): Same	EDED FLAN SECTION
10. SUBJECT OF AMENDMENT: Nursing Home Reimbursement		
	#**	
11. GOVERNOR'S REVIEW (Check One):		
 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 	1 OTHER, AS SPECIFIED: Review delegated to Control Department for Medical	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Mike Kabuisa		raionor
13. TYPED NAME:	Mike Robinson, Commis Department for Medica	aid Services
Mike Robinson	275 East Main Street	
14. TITLE: Commissioner	Frankfort, KY 40621	
15. DATE SUBMITTED: 3/27 OZ	-	
	PROFUSE ON YOUR OF OF MIND OR THE	
17. DATE RECEIVED:		Variation of Table Mark
PI AN APPROVED -	ONE COPY ATTACHED	none can be a second
	20. SENATURE CEREGIONAL OFFICIA	total assistantine substitute
February 4, 2002 21 TYPED NAME:	La CAN CAME OF THE PARTY OF THE	
TILD IVANE.	22. TILE: Associate Regional A	
Engene A. Grasser	Division of Medicald and Sta	te Operations 🕓 😘
23. REMARKS:		in is a wed care by trace.
FORM HCEA 170 (07 02)	Consideration of the Control of the	
FORM HCFA-179 (07-92) Instruction	ns on Back	

State: Kentucky
Attachment 14.9 D
Exhibit B

Exhibit B Page 28

SECTION 290. PROSPECTIVE RATE COMPUTATION

- A. Prospective rates are established annually for a universal rate year, July 1 through June 30. Rate setting shall be based on the most recent cost reports available by May 16. If a desk review or audit of the most recent cost report is completed after May 16 but prior to universal rate setting for the rate year, the desk reviewed or audited data shall be utilized for rate setting. If a facility's rate is based upon a report that has not been audited or desk reviewed, the facility's rate is subject to revision after the cost report has been audited or desk reviewed.
- Allowable routine Cost-Based Facility cost is divided into two components: Nursing Services Cost and All Other Cost.
- C. Allowable cost for the Nursing Services Cost component shall be trended to the beginning of the universal rate year and indexed for the period covering the rate year based on an inflation factor obtained from the Data Resources, Incorporated (DRI) forecast table for Skilled Nursing Facilities.
- D. Allowable cost for the All Other Cost center, with the exception of the Capital Cost sub-component shall be trended and indexed in the same manner as Nursing Services costs.
- E. The total Cost-Based Facility Cost for each cost category, after trending and indexing, shall be divided by total Certified Cost-Based Facility days in order to compute a per diem. A minimum occupancy limit of ninety (90) percent of certified bed days available, (except for state government-owned facilities shall be seventy-five (75) percent of certified bed days), or actual bed days used if greater, and a maximum occupancy limit of ninety-eight (98) percent computed in the same manner, shall be used in computing the per diem.

SECTION 300. ADJUSTMENT TO PROSPECTIVE RATE

- A. Upon request by participating facility, an increase in the prospective rate shall be considered if the cost increase is attributable to one (1) of the following reasons:
 - Governmentally imposed minimum wage increases, unless the minimum wage increase was taken into account and reflected in the setting of the trending and index factor.
 - 2. Direct effect of newly published licensure requirements or new interpretations of existing requirements by the appropriate

TN No. <u>02-01</u> Supersedes TN No. <u>00-04</u>

Approval Date: MAY 2 9 2002 Date: February 4, 2002

State: Kentucky
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